

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039896

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

316 Primary Registration District No.

3060 Registrar's No.

STATE FILE NUMBER

FILED OCT 24 1962

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington		c. CITY OR TOWN Farmington	
Length of stay in 1b 6 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 113 Hickory		d. STREET ADDRESS (If outside, give location) 113 Hickory St	
3. NAME OF DECEASED (Type or print) First Middle Last Willard James Baker		4. DATE OF DEATH Month Day Year October 13, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/5/1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Reynolds Co., Mo.	
13a. FATHER'S NAME James G. Baker		14. NAME OF HUSBAND OR WIFE Alvina Baker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Grover Baker, Ironton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gunshot wound right temple		INTERVAL BETWEEN ONSET AND DEATH D.O.A.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) self inflicted from a single shot bolt	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year action, 22 cal rifle			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Farmington	COUNTY St Francois STATE Mo.
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at 6:50 P.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ted Bayer, Coroner		22b. ADDRESS Bonne Terre, Mo.	
22c. DATE SIGNED 10-16-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/16/62	23c. NAME OF CEMETERY OR CREMATORY Rayfield Cemetery	23d. LOCATION (City, town, or county) (State) Lesterville, Mo.
24. FUNERAL DIRECTOR White Funeral Home, Ironton, Mo.		25. DATE RECD. BY LOCAL REG. Oct 16, 1962	26. REGISTRAR'S SIGNATURE Eather Rudloff

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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OCT 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Russell White

Licensed Embalmer No. 3012

P. O. Address Quinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.